EM 7/9

Employee Benefits Survey
Long Term Disability
Insurance Coding Manual

U.S. Department of Labor
Bureau of Labor Statistics
Office of Wages and Industrial Relations
Division of Occupational Pay and
Employee Benefit Levels

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BUREAU OF LABOR STATISTICS

OFFICE OF WAGES AND INDUSTRIAL RELATIONS

DIVISION OF OCCUPATIONAL PAY AND EMPLOYEE BENEFIT LEVELS

EMPLOYEE BENEFITS SURVEY

LONG TERM DISABILITY INSURANCE CODING MANUAL

1986

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LONG TERM DISABILITY INSURANCE CODING MANUAL

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GENERAL CODING INSTRUCTIONS

A. For all questions, code the answer as if the majority of workers are age 43, have 15 years of service and have annual earnings as follows, based on occupational class: Professional and Administrative only - $40,700; Technical and Clerical only - $18,700; Production only - $16,500; all salaried - $29,800; and all classes - $23,200. Check remarks and describe exceptions on a 3 x 5 card.

B. In rounding use the following set of rules:

1. When the dropped digit is more than five, the preceding digit should be increased by one;

2. When the dropped digit is less than five, the preceding digit should not be changed;

3. When the dropped digit is five, the preceding digit should be increased by one if it is an odd number but should not be changed if it is an even number.

When provisions must be answered in months, years, etc., code answers to the nearest unit. (1 month = 4.345 weeks)

C. If the answer to the question is not listed, check the space by "Other" and describe it on a 3 x 5 card.

D. Unless otherwise indicated, only one of the possible answers listed under a question (other than "Remarks") should be checked. The instruction "check appropriate spaces" will be given when more than one of the answers may be checked.

E. Always fill in all blank spaces in the answer(s) checked.

F. Unless otherwise specified, round percent to nearest whole percent and round dollar amounts to nearest cent.

G. If the answer to a question varies by age, sex, etc., unless otherwise indicated, answer the question by checking the space by the answer applicable to the majority of workers. Also, check the space by "Remarks" and on a 3 x 5 card identify the minority group and the provision applicable to this group.

H. All employee contribution questions relate to the monthly contribution. If the rates being analyzed relate to any other time period (weekly, bi-weekly, quarterly, etc.) convert to month(s), check space by "Remarks" and describe exact provision on a 3 x 5 card. For example, a weekly contribution rate should be multiplied by 4.345 to obtain its monthly equivalent.

I. Code provisions for total disability due to nonoccupational sickness when applicable. If nonoccupational sickness disabilities are not covered, code provisions for nonoccupational accident disabilities. If the type of disability covered is not determinable, analyze the plan as if nonoccupational sickness disabilities are covered. If there are any variations in the plan by the type of disability, check "Remarks" space in the appropriate question and describe on a 3 x 5 card. (If only occupational disabilities are covered, the plan should not be analyzed for the Employee Benefits Survey (EBS).)

J. All payment questions relate to the monthly LTD benefit. If the benefit provisions being analyzed relate to any other time period (weekly, bi-weekly, quarterly, etc.) convert to month(s), check space by "Remarks" and describe the exact provision on a 3 x 5 card. For example, a weekly benefit should be multiplied by 4.345 to obtain its monthly equivalent.

K. CPI refers to the Bureau of Labor Statistics' Consumer Price Index.

PLAN IDENTIFICATION

000
1-3 EIN : _____
4-12

PN : _____
13-15

Benefit Area : 04 (LTD)
16-17

Plan Sequence Number : _____
18-19

Date Originally Analyzed : Year _____/Month _____/Day _____
20-21 22-23 24-25

Analyst's Initials : _____
26-28

Verifier's Initials : _____
29-31

Action code: _____
32

005
1-3 BLS Name of Plan : _____
20-59

_____

Official Name of Plan : _____
60-129

_____

_____ Action code
130

010 1-3 Date of the latest OWIR review and updating action on this plan? (Leave blank if this is an original analysis)

Date: Year ____/ Month ____/ Day ____
20-21 22-23 24-25

___ Action code
26

020 1-3 Are there related plans? That is, do other plans provide benefits within the same benefit area that are additional or supplemental to those provided in this plan?

___ No (SKIP TO QUESTION 030.)
20

___ Yes (provide details below)
21

If there are other filings, identify the plan(s) and describe the type of relationship by inserting one of the following codes in "Type: ___" :

1. Basic and described in a separate coding manual.
2. Supplemental and described in a separate coding manual.
3. Additive and included in this coding manual.

If codes 1 or 2 apply, include Benefit Area code and Plan Sequence Number in order to identify the separate coding manual.

A. 22 EIN: _____ 23-31 PN: ___ 32-34 BA: ___ 35-36 PSN: ___ 37-38 Type: ___ 39

B. 40 EIN: _____ 41-49 PN: ___ 50-52 BA: ___ 53-54 PSN: ___ 55-56 Type: ___ 57

C. 58 EIN: _____ 59-67 PN: ___ 68-70 BA: ___ 71-72 PSN: ___ 73-74 Type: ___ 75

D. 76 EIN: _____ 77-85 PN: ___ 86-88 BA: ___ 89-90 PSN: ___ 91-92 Type: ___ 93

E. 94 EIN: _____ 95-103 PN: ___ 104-106 BA: ___ 107-108 PSN: ___ 109-110 Type: ___ 111

___ Action code
112

OFFICIAL IDENTIFICATION

030
1-3 What is the identity and location of the plan sponsor?

Sponsor's Name: _____
20-79

___
80 Action code

050 (1-3) What is the identity and location of the plan contact?

Contact's Name: _____ (20-49)

Title: _____ (50-89)

City: _____ (90-109)

State: _____ (110-111)

Telephone Number: Area Code _____ (112-114) - _____ (115-117) - _____ (118-121)

___ (122) Action code

SOURCE OF PLAN PROVISIONS

060 1-3 What is source and effective date of latest plan provisions (or latest amendment) analyzed?

____ 20 Booklet from field

____ 21 ERISA file

____ 22 Telephone

____ 23 3111

____ 24 Booklet from telephone contact

____ 25 HMO file

____ 26 Other

Date: Year _____ 27-28 / Month _____ 29-30

Check if date is unknown _____ 31

____ 32 Action code

070 1-3 What is the effective date and content of later amendment(s) contained in the source material?

A. Year _____ 20-21 / Month _____ 22-23 / Provision _____ 24-73

B. Year _____ 74-75 / Month _____ 76-77 / Provision _____ 78-127

____ 128 Action code

PLAN CHARACTERISTICS

080 1-3 What type of employer entity is the sponsor or co-sponsor of this plan?

___ 20 Single employer (includes subsidiary company)

___ 21 Multi-employer (employer contributes to trust fund on behalf of union members)

___ 22 Employer association (small employers banded together, such as New York Automotive Dealers Association)

___ 23 Government or state-administered (including temporary disability plans)

___ 24 Railroad Retirement Board

___ 25 Other

___ 26 Remarks

___ 27 Not determinable

___ 28 Not applicable

___ 29 Action Code

090 1-3 Indicate whether or not any of the participants are in this plan as the result of a collective bargaining agreement.

___ 20 Yes, participation for all members.

___ 21 Yes, participation for some members.

___ 22 No, participation does not result from an agreement.

___ 23 Remarks

___ 24 Not determinable

___ 25 Not applicable

___ 26 Action code

PLAN PARTICIPATION REQUIREMENTS

100
1-3 At what age, and after how many months from the start of employment, does the employee begin participation in this plan? Check appropriate spaces. If there are alternative requirements, code first the one applying to the earlier aged employee.

Record the minimum period of service required, including the administrative lag. If participation requirements are in the form of hours, divide the number of hours by 173.6 to convert to months. Also, check "Remarks" and enter the exact number of hours on a 3 x 5 card. If the only requirement to join the plan is something other than age or service, check no requirements, check remarks and describe on a 3 x 5 card.

___ 20 No requirements (immediate participation)

___ 21 Age: ____ 22-23 Service: ____ 24-26 months

OR

___ 27 Age: ____ 28-29 Service: ____ 30-32 months

___ 33 Closed to new employees; plan covers employees hired before 19 ____ 34-35

___ 36 Other

___ 37 Remarks

___ 38 Not determinable

___ 39 Not applicable

___ 40 Action code

110 1-3 Is there an annual earnings requirement to join the plan?

___ 20 No

___ 21 Yes, $ ____ 22-26

___ 27 Other

___ 28 Remarks

___ 29 Not determinable

___ 30 Not applicable

___ 31 Action code

120 1-3 What is the maximum age at which a newly-hired employee may join the plan?

___ 20 None

___ 21 Age ___ 22-23

___ 24 Other

___ 25 Remarks

___ 26 Not determinable

___ 27 Not applicable

___ 28 Action code

EMPLOYEE CONTRIBUTION FOR EMPLOYEE BENEFITS

130 1-3 What part of the cost of employee's benefits is paid by the employee?

___ 20 None (no employee contributions - SKIP TO QUESTION 150.)

___ 21 Jointly paid

___ 22 Other

___ 23 Remarks

___ 24 Not determinable

___ 25 Not applicable

___ 26 Action code

140 1-3 What is the employee's monthly contribution for an individual's benefits? If different at other ages, check "Remarks" and describe on a 3 x 5 card. Skip to Question 150 unless column 112 is checked.

___ 20 $ ___.___ 21-25

___ 26 $ ___.___ 27-31 per $ _____ 32-35 of earnings covered

___ 36 $ ___.___ 37-41 per $ _____ 42-45 of earnings covered until age ____ 46-47

$ ___.___ 48-52 per $ _____ 53-56 of coverage thereafter

___ 57 ___.___ 58-61 % of monthly earnings (Round to nearest hundredth of a percent.)

___ 62 ___.___ 63-66 % of monthly earnings up to $ _____ 67-71;

___.___ 72-75 % of monthly earnings up to $ _____ 76-80;

___.___ 81-84 % of monthly earnings up to $ _____ 85-89;

___.___ 90-93 % of monthly earnings up to $ _____ 94-98

___.___ 99-102 % of excess (Round to nearest hundredth of a percent)

___ 103 ___.___ 104-107 % of monthly earnings up to Social Security Taxable Earnings Base, ___.___ 108-111 % of excess (Round to nearest hundredth of a percent.)

___ 112 Contribution rate varies by earnings (Complete Question 145)

113 Composite rate

114 Other

115 Remarks

116 Not determinable

117 Not applicable

118 Action code

145 1-3 What is the employee's monthly contribution which varies by earnings?

Earnings are:

_____ 20 Hourly

_____ 21 Weekly

_____ 22 Monthly

_____ 23 Annual

IF EARNINGS ARE:	MONTHLY CONTRIBUTIONS ARE:
under $ ___.___ 24-30	$ ___.___ 31-35
up to $ ___.___ 36-42	$ ___.___ 43-47
up to $ ___.___ 48-54	$ ___.___ 55-59
up to $ ___.___ 60-66	$ ___.___ 67-71

Then, for each additional $ ___.___ 72-78 in earnings,

$ ___.___ 79-85, contributions increase $ ___.___ 86-88.

The maximum contribution is $ ___.___ 89-94

_____ 95 Other

_____ 96 Remarks

_____ 97 Not determinable

_____ 98 Not applicable

_____ 99 Action code

BENEFIT DESCRIPTION

150 1-3 When do LTD payments begin? If beginning of payments depends on length of service, check "Other."

___ 20 After _____ 21-22 months of disability

___ 23 After expiration of sick leave and/or sickness and accident benefits (of unspecified length).

___ 24 After expiration of sick leave and/or sickness and accident benefits or after _____ 25-26 months of disability, whichever is later.

___ 27 Other

___ 28 Remarks

___ 29 Not determinable

___ 30 Not applicable

___ 31 Action code

170 1-3 Describe LTD benefit formula. That is, in the event of a disability, how is the monthly LTD payment derived? If the payment depends on length of disability, a schedule of earnings or length of service, check "Other."

___ 20 $ _____ 21-24 for flat dollar benefit. (SKIP TO QUESTION 210)

Percent of earnings

___ 25 1. _____ 26-27 % of earnings

___ 28 2. _____ 29-30 % of first $ _____ 31-35 of earnings;

_____ 36-37 % of next $ _____ 38-41 of earnings; _____ 42-43 % of next $ _____ 44-47 of earnings; and _____ 48-49 % of excess.

Percent of earnings based on service

___ 50 1. _____ 51-52 % of earnings; plus __.__ 53-56 % of earnings (Round to the nearest hundredth of a percent)

times service in excess of _____ 57-58 years; then

__.__ 59-62 % of earnings (Round to nearest hundredth of a percent) times service in excess of _____ 63-64 years.

___ 65 Other

___ 66 Remarks

___ 67 Not determinable

___ 68 Not applicable

___ 69 Action code

180 1-3 Does the payment depend on length of disability?

___ 20 No

___ 21 Yes, varies by length of disability

_____ 22-23 % for first _____ 24-26 months;

_____ 27-28 % for next _____ 29-31 months;

_____ 32-33 % for next _____ 34-36 months;

_____ 37-38 % if greater

___ 39 Other

___ 40 Remarks

___ 41 Not determinable

___ 42 Not applicable

___ 43 Action code

184 1-3 Does the payment depend on a schedule of earnings?

_____ 20 No

_____ 21 Yes, scheduled amount which varies by earnings:

Earnings are:

_____ 22 Hourly

_____ 23 Weekly

_____ 24 Monthly

_____ 25 Annual

IF EARNINGS ARE:	MONTHLY LTD BENEFITS ARE:
Under $ ___.___ 26-32	$ _____ 33-36
To $ ___.___ 37-43	$ _____ 44-47
To $ ___.___ 48-54	$ _____ 55-58
To $ ___.___ 59-65	$ _____ 66-69
To $ ___.___ 70-76	$ _____ 77-80

For each additional $ ___.___ 81-87 increase in earnings, LTD benefit increases $ ___.___ 88-91 up to earnings of $ ___.___ 92-98. For each additional $ ___.___ 99-105 increase in earnings, LTD benefit increases $ ___.___ 106-109 up to earnings of $ ___.___ 110-116. If earnings are greater, the LTD benefit is $ ___.___ 117-120.

_____ Other
121

_____ Remarks
122

_____ Not determinable
123

_____ Not applicable
124

_____ Action code
125

188 1-3 Does the payment depend on the length of service?

___ 20 No

___ 21 Yes, varies by length of service

SERVICE		PERCENT OF EARNINGS
Under ____ 22-24	months	____ 25-26 %
To ____ 27-29	months	____ 30-31 %
To ____ 32-34	months	____ 35-36 %
To ____ 37-39	months	____ 40-41 %
To ____ 42-44	months	____ 45-46 %
To ____ 47-49	months	____ 50-51 %
Greater than above ____ 52		____ 53-54 %

___ 55 Other

___ 56 Remarks

___ 57 Not determinable

___ 58 Not applicable

___ 59 Action code

190 1-3 Describe maximum LTD payment.

___ 20 No maximum payment

___ 21 Maximum is $ _____ 22-26 per month

___ 27 Maximum varies by years of service:
if less than _____ 28-29 years, maximum is $ _____ 30-34 per month; if length of service is greater, maximum is $ _____ 35-39.

___ 40 Maximum is _____ 41-43 % of earnings

___ 44 Other

___ 45 Remarks

___ 46 Not determinable

___ 47 Not applicable

___ 48 Action code

200 1-3 Describe minimum LTD payment.

___ 20 No minimum payment

___ 21 Minimum is $ _____ 22-25 per month

___ 26 Minimum varies by years of service:

If less than _____ 27-28 years, minimum is $ _____ 29-32 per month; if length of service is greater, minimum is $ _____ 33-36

___ 37 Minimum is _____ 38-39 % of earnings

___ 40 Minimum is $_____ 41-44 or _____ 45-46 % of earnings, whichever is greate

___ 47 Minimum is $ _____ 48-51 or _____ 52-53 % of earnings, whichever is lesser

___ 54 Other

___ 55 Remarks

___ 56 Not determinable

___ 57 Not applicable

___ 58 Action code

210 1-3 Describe the type and percent of any employee income which is deducted from LTD payment. Check appropriate spaces.

___ 20 No deductions

___ 21 Workers' Compensation benefit ____ 22-24 %

___ 25 Primary Social Security benefit ____ 26-28 %

___ 29 Railroad Retirement benefit ____ 30-32 %

___ 33 Dependent Social Security ____ 34-36 %

___ 37 Dependent Social Security over ____ 38-39 % of earnings ____ 40-42 %

___ 43 State nonoccupational disability benefit ____ 44-46 %

___ 47 Benefits from employer's pension plans ____ 48-50 %

___ 51 Rehabilitative employment income ____ 52-54 %

___ 55 Rehabilitative employment income: ____ 56-58 % for first ____ 59-61 months, ____ 62-64 % thereafter

___ 65 Employer-sponsored benefits other than pensions (includings profit-sharing, savings plan, etc.) ____ 66-68 %

___ 69 Other

___ 70 Remarks

___ 71 Not determinable

___ 72 Not applicable

___ 73 Action code

220 1-3 Describe the maximum disability income (LTD payment plus income from all sources listed in question 230). If total income exceeds this maximum, the LTD payment will be reduced.

___ 20 No overall maximum (SKIP TO QUESTION 240.)

___ 21 $ _____ 22-26 per month

___ 27 _____ 28-30 % of earnings

___ 31 _____ 32-33 % of first $ _____ 34-38; _____ 39-40 % of next $ _____ 41-45; _____ 46-47 % of next $ _____ 48-52;

_____ 53-54 % of excess

___ 55 Other

___ 56 Remarks

___ 57 Not determinable

___ 58 Not applicable

___ 59 Action code

230 1-3 What are the types of income subject to an overall maximum disability income, other than for minimum benefits, if any? Check appropriate spaces.

___ 20 Workers' Compensation benefit _____ % 21-23

___ 24 Primary Social Security benefit _____ % 25-27

___ 28 Railroad Retirement benefit _____ % 29-31

___ 32 Dependent Social Security _____ % 33-35

___ 36 Dependent Social Security over _____ % 37-38 of earnings _____ % 39-41

___ 42 State nonoccupational disability benefit _____ % 43-45

___ 46 Benefits from employer's pension plans _____ % 47-49

___ 50 Rehabilitative employment income _____ % 51-53

___ 54 Rehabilitative employment income: _____ % 55-57 for first _____ 58-60 months, _____ % 61-63 thereafter

___ 64 Employer-sponsored benefits other than pensions (includes profit sharing, savings plans, etc.) _____ % 65-67

___ 68 Other

___ 69 Remarks

___ 70 Not determinable

___ 71 Not applicable

___ 72 Action code

240 1-3 **How long will the LTD benefit be paid if recovery or death does not occur? If duration varies by age check "Other."**

___ 20 For life

___ 21 Until age ___ 22-23

___ 24 Until age ___ 25-26 or retirement, whichever comes earlier

___ 27 For ___ 28-30 months

___ 31 For ___ 32-34 months or retirement, whichever comes earlier

___ 35 Until eligible for pension plan

___ 36 Until retirement age (age not specified)

___ 37 Accident for life: sickness until age ___ 38-39

___ 40 Until age ___ 41-42 or for period equal to the length of service less ___ 43-44 years, whichever comes earlier.

___ 45 Duration varies by service: If the employee has less than ___ 46-47 years of service, LTD is then payable for ___ 48-50 months, otherwise payable until age ___ 51-52.

___ 53 To age ___ 54-55 or for ___ 56-58 months, whichever is longer.

___ 59 To age ___ 60-61 or for ___ 62-64 months, whichever comes earlier.

___ For less than _____ years of service,
65 66-67
duration is equal to length of credited service (or plan participation) or to age _____ whichever comes earlier. For _____ years or more, payable to age _____.
68-69 70-71 72-73

___ Varies by length of service:
74

SERVICE	DURATION OF PAYMENTS
Under _____ months (75-77)	_____ months (78-80)
To _____ (81-83)	_____ months (84-86)
To _____ (87-89)	_____ months (90-92)
To _____ (93-95)	_____ months (96-98)
To _____ (99-101)	_____ months (102-104)
To _____ (105-107)	_____ months (108-110)
Greater than _____ (111)	_____ months (112-114)

___ Other
115

___ Remarks
116

___ Not determinable
117

___ Not applicable
118

___ Action code
119

250 1-3 Is the duration of LTD benefit dependent on age?

___ 20 No

___ 21 If disabled before age ____ 22-23, continued until age ____ 24-25;
if disabled after age ____ 26-27; continued for ____ 28-29 months

or age ____ 30-31, whichever occurs first.

___ 32 Duration varies by age schedule:

AGE	DURATION OF BENEFITS
Under age ____ 33-34	To age ____ 35-36
____ 37-38	____ 39-40 months
____ 41-42	____ 43-44 months
____ 45-46	____ 47-48 months
____ 49-50	____ 51-52 months
____ 53-54	____ 55-56 months
____ 57-58	____ 59-60 months
____ 61-62	____ 63-64 months
____ 65-66	____ 67-68 months
____ 69-70	____ 71-72 months

If greater ____ 73-74 months, or age ____ 75-76

whichever occurs first

___ 77 Other

___ 78 Remarks

___ 79 Not determinable

___ 80 Not applicable

___ 81 Action code

255 1-3 What is the survivor's benefit after death of the disabled employee?

___ 20 No survivor's benefit

___ 21 Lump-sum equal to ____ 22-24 times monthly LTD benefit

___ 25 ____ 26-28 % of the monthly LTD benefit for ____ 29-31 months, or date of benefit termination, if earlier.

___ 32 Unpaid balance of any accrued indemnities; maximum $_____ 33-37

___ 38 Unpaid balance of any accrued indemnities; no specified maximum.

___ 39 Other

___ 40 Remarks

___ 41 Not determinable

___ 42 Not applicable

___ 43 Action Code

280 1-3 Are benefits limited for mental illness?

___ 20 No limit

___ 21 Benefits provided only if institutionalized.

___ 22 Benefits limited to _____ 23-25 months unless institutionalized.

___ 26 Benefits limited to _____ 27-29 months.

___ 30 Benefit amount reduced unless institutionalized.

___ 31 Other

___ 32 Remarks

___ 33 Not determinable

___ 34 Not applicable

___ 35 Action code

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